OCT 172013

### Pioneer Telephone Co. FCC Mail Roombocal and Long Distance Service



Telephone 509/549-3511 P.O. Box 207 LaCrosse, Washington 99143-0207

September 30<sup>th</sup>, 2013

To: Office of Secretary
Federal Communications Commission
445 - 12<sup>th</sup> Street, SW
Washington, DC 20554

Mr. Steven V. King Executive Director and Secretary Washington Utilities and Transportation Commission 1300 South Evergreen Park Drive SW PO Box 47250 Olympia, WA 98504-7250

Re: 47 CFR 54.313 and 47 CFR 54.422
Annual Reporting Requirements for High-Cost Recipients and Lifeline Program Annual Certification Filing
Pioneer Telephone Company
PO Box 207
LaCrosse, Washington 99143
Study Area Code 522437

Pioneer Telephone Company, SAC 522437, ("Company") hereby reports to the Federal Communications Commission ("FCC") and Washington Utilities and Transportation Commission ("Commission") as required by 47 CFR 54.313 and 47 CFR 54.422 the attached FCC Form 481. The FCC Form 481 has been electronically submitted to Universal Administration Company ('USAC") prior to the deadline of October 15, 2013.

Durand Cox President

No. of Copies rec'd U

### OCT 172013

Contact Name		m 481 - Carrier Annual Reporting ollection Form	FCC Ma	ail Room	FCC Form 481 OMB Control No. 30 July 2013	50-0985/OMB Control No. 3060-0819
2020 Program Year  2030 Contact Name: Person USAC should contact with questions about this data  2035 Contact Name: Person USAC should contact with questions about this data  2035 Contact Telephone Number: Number of the person identified in data line <0300-  2039 Contact Small Address: Email of the person identified in data line <0300-  2039 Contact Email Address: Completion Recomment (complete attended worksteet)  2000 Contact Email Address: Completion Recomment (complete attended worksteet)  2000 Contage Reporting (voice)  2000 Unfulfilled Service Requests (voice)  2010 Detail on Attempts (voice)  2010 Detail on Attempts (voice)  2010 Outage Reporting (voice)  2010 Outage Reporting (voice)  2010 Detail on Attempts (voice)  2010 Detail on Attempts (voice)  2010 Outage No Attempts (voice)  2010 Detail on Attempts (voice)  2010 Outage No Attempts	<010>	Study Area Code	522437			
Contact Name: Person USAC should contact with questions about this data	<015>	Study Area Name	PIONEER TEL CO			
with questions about this data  335 Contact Telephone Number: Number of the person identified in data line <0300-  ANNUAL REPORTING FOR ALL CARRIERS  411 Lanaptonnee: .com Email of the person identified in data line <0300-  ANNUAL REPORTING FOR ALL CARRIERS  4200 Service Quality Improvement Reporting (complete attached warbabere) (finet box she countries)  4200 Unfuffilled Service Requests (voice) 4210 Detail on Attempts (voice) 4210 Mobile 4200 Number of Complaints per 1,000 customers (voice) 4300 Unfuffilled Service Requests (voice) 4300 Winder of Complaints per 1,000 customers (voice) 4300 Number of Complaints per 1,000 customers (voice) 4400 Number of Complaints p	<020>	Program Year	2014			
Number of the person identified in data line <030>  d11lansplonneecom  Email of the person identified in data line <030>  d11lansplonneecom  Email of the person identified in data line <030>  d11lansplonneecom  Email of the person identified in data line <030>  d11lansplonneecom  Email of the person identified in data line <030>  d11lansplonneecom  Email of the person identified in data line <030>  d11lansplonneecom  Email of the person identified in data line <030>  d11lansplonneecom  Email of the person identified in data line <030>  d11lansplonneecom  Email of the person identified in data line <030>  d11lansplonneecom  Email of the person identified in data line <030>  d11lansplonneecom  Email of the person identified in data line <030>  d11lansplonneecom  Email of the person identified in data line <030>  d11lansplonneecom  Email of the person identified in data line <0300>  (complete attached worksheet)  Completion Required  Completion Required  Completion Required  Completion Required  (complete attached worksheet)  Completion Required  Completion Required  (complete attached worksheet)  Completion Required  (complete attached descriptive document)  (complete attached worksheet)	<030>		Dallas Filan			
Email of the person identified in data line <030>    Salista	<035>		509-549-3511 >			
ANNUAL REPORTING FOR ALL CARRIERS    Completion   Complet	<039>		dfilan@pionnet.com	*****		
Complete attached worksheet	ANNUA	LE REPORTING FOR ALL CARRIERS				Completion Completion
Unfulfilled Service Requests (voice)  300  Unfulfilled Service Requests (voice)  310  Detail on Attempts (voice)  320  Unfulfilled Service Requests (broadband)  Detail on Attempts (broadband)  Detail on Attempts (broadband)  Detail on Attempts (broadband)  Service Requests (broadband)  Aumber of Complaints per 1,000 customers (voice)  Fixed  320  Number of Complaints per 1,000 customers (voice)  Fixed  320  Number of Complaints per 1,000 customers (broadband)  Service Quality Standards & Consumer Protection Rules Compliance  520  Service Quality Standards & Consumer Protection Rules Compliance  5210  Service Quality Standards & Consumer Protection Rules Compliance  522437-was10  (check to indicate certification)  522437-was10  Company Price Offerings (voice)  700  Company Price Offerings (voice)  700  Company Price Offerings (broadband)  Service Quality Standards & Consumer (complete attached worksheet)  700  700  Company Price Offerings (voice)  700  700  700  700  700  700  700  7	<100>	Service Quality Improvement Reporting		(complete attached w	orksheet)	(check box when complete)
Service Quality Standards & Consumer Protection Rules Compliance   (check to indicate certification)   (attached descriptive document)   (at			f no outages to report	(complete attached w	orksheet)	<b>V V</b>
Add   Mobile   O. 0	<310> <320>	Detail on Attempts (voice) Unfulfilled Service Requests (broadband)	0	]	,	
S22437wa510   (attached descriptive document)	<410> <420> <430> <440>	Fixed 0.0 Mobile 0.0 Number of Complaints per 1,000 customers (broa				
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers  <2000> < (check to indicate certification) <2005>  Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet  <3000>	<510> <600> <610> <700> <710> <800> <1000> <1010> <1110> <1110> <1110>	522437wa510  Functionality in Emergency Situations  522437wa610  Company Price Offerings (voice)  Company Price Offerings (broadband)  Operating Companies and Affiliates  Tribal Land Offerings (Y/N)?  Voice Services Rate Comparability  Terrestrial Backhaul (Y/N)?	(if ye	(attached descriptive de (check to indicate certi (attached descriptive de (complete attached we (complete attached we (complete attached we is, complete attached we (check to indicate certi (attach descriptive de ot, check to indicate certi (complete attached we (complete attached we	ocument) ification) ocument) orksheet) orksheet) orksheet) orksheet) ification) ocument) ification) orksheet)	
(complete attached worksheet) II A Harman and	<2000> <2005> <3000>	Including Rate-of-Return Carriers affiliated with Pr	ice Cap Local Exchange Co	Orriers  (check to indicate certi (complete attached wo heet  (check to indicate certi	orksheet) ification)	

	ervice Quality Improvement Reporting ollection Form	FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code 522437	
<015>	Study Area Name PIONER	SER TEL CO
<020>	Program Year 201	
<030>	Contact Name - Person USAC should contact regarding this data	Dallas Filan
<035>	Contact Telephone Number - Number of person identified in data line <030	SO> 509-549-3511
<039>	Contact Email Address - Email Address of person identified in data line <030	30> dfilan@pionnet.com
<110>	Has your company received its ETC certification from the FCC?	(vas/no.) O
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no ) • • • ·
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision o voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If you CETC which only receives frozen support, your progress report is only required to address voice telephony service.	of .
	Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	Name of Attached Document (.pdf) it
<113>	Maps detailing progress towards meeting plan targets	
<114>	Report how much universal service (USF) support was received	<del>   </del>
<115>	How (USF) was used to improve service quality	<del>     </del>
	How (USF)was used to improve service coverage	<del>                                     </del>
	How (USF) was used to improve service capacity	
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	

(200) Service Outage Reporting (Voice)  Pata Collection Form  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
--

<010>	Study Area Code	522437		•	
<015>	Study Area Name	PIONEER TEL CO			
<020>	Program Year	2014			
<030>	Contact Name - Person USAC should contact regarding this data	Dallas Filan			
<035>	> Contact Telephone Number - Number of person identified in data line <030> 509-549-3511				
<039>	Contact Email Address - Email Address of person identified in data line				

220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
	NORS Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Did This Outage Affect Multiple		
	Number	Date	Time	Date	Time	<b>Customers Affected</b>	Total Number of	Affected	Description (Check	Study Areas	Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
								***************************************				*****
												· · · · · · · · · · · · · · · · · · ·
							_					····
							See attache	<del>d</del>	<del> </del>			
							rksheet	<del></del>				
						W	N VOLLEGE					
ł												
[												
i												
ŀ									<del></del>			
- 1												
ļ												
l												
1												
ł							-		<del> </del>			
- 1									ļ			
ļ												
l												

#### **Line 510**

# Processes and Procedures to Ensure Compliance with Service Quality Standards and Consumer Protection Rules Per FCC Form 481 Instructions

This document details the processes and procedures that Pioneer Telephone Company (the "Company") follows to ensure compliance with service quality standards and consumer protection rules as laid out in FCC Form 481 Instructions.

For service quality standards that are affected by plant issues, the Company engineers and installs its plant and other facilities in such a way as to ensure, to the greatest extent possible, compliance with service quality standards that exist at the time that the plant and facilities are constructed.

In addition, employees are periodically briefed on service quality standards and consumer protection issues. In particular, if any set of issues appear to be prevalent, employees are given briefings on how to handle such issues. A recent example is the call completion problems that have arisen and the customer calls that are generated as a result. Although this is not a service quality problem caused by the Company, it does affect customers of the Company and, therefore, deserves the attention of the Company employees.

The Company also periodically reviews its operating procedures to be sure that those operating procedures are in compliance with service quality standards and that the operating procedures are not in violation of consumer protection rules. If questions arise, legal counsel is sought as needed.

If complaints are filed with the Company related to service quality standards or consumer protection rules, the complaint is immediately investigated, the matter tracked and any corrective action noted. This process ensures that problems are addressed and corrections made. It should be noted that the Company has received no customer complaints in the past five years regarding service quality standards or consumer protection rules as they relate to the service offered by the Company other than call completion issues, which, as noted above, are not caused by the Company.

# STATEMENT DEMONSTRATING FUNCTIONALITY IN EMERGENCY SITUATIONS.

At line 600 of FCC Form 481, Pioneer Telephone Company certified that it is able to function in emergency situations as set forth in 47 C.F.R § 54.202(a)(2). This means that Pioneer has reasonable amount of back-up power to ensure functionality without an external source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. This statement will detail how Pioneer is prepared to ensure continued service in an emergency situation.

Pioneer has a back-up generator available with a minimum of a four hour power supply for its central office. In addition, it has portable generators available for remote sites.

Pioneer has route redundancy for long distance service, E-911 trunking and SS7 signaling trunking.

Pioneer's outside plant is designed, engineered and built with sufficient capacity to handle traffic spikes resulting from emergency situations and has been able to do so in the past. Pioneer is in an area where severe weather strikes periodically and has been able to handle communication needs at those times and has the experience from those situations to be able handle such emergency situations in the future.

In the case of isolated groups of customers that may suffer damage due to a cable cut, Pioneer maintains sufficient staff and other resources to be able to put customers back in service in a very short amount of time. Pioneer's emergency service equipment is located within its exchange and requires very little time to dispatch.

	ce Offerings Including Voice Rate Data lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	522437	
<015>	Study Area Name	PIONEER TEL CO	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Dallas Filan	
<035>	Contact Telephone Number - Number of person identified in data line <030>	509-549-3511	
<039>	Contact Email Address - Email Address of person identified in data line <0305	, dfilan@pionnet.com	
<701> <702>	Residential Local Service Charge Effective Date Single State-wide Residential Local Service Charge	3	

State				Residential Local	<b3></b3>	<54>		
	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fee
	······································				·			
							· · · · · · · · · · · · · · · · · · ·	
								<u> </u>
		<b></b>		- See att	ached worksheet			
					ached Worksheet			
					See att	See attached worksheet		

	padband Price Offerings fection Form		FCC Form 481.  OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	522437	
<015>	Study Area Name	PIONEER TEL CO	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Dallas Filan	
	Contact Telephone Number - Number of person identified in data line <	30> 509-549-3511	
	Contact Email Address - Email Address of person identified in data line <		

1>	<al></al>	<325	4tÞ	Ф2>	40	<b>41</b> 5	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken Whe Limit Reached ( <i>sele</i> )
ŀ									
ı			<del> </del>						
]									
-									
-									
ŀ			Se	e attached	!				
ŀ			work	sheet					
t									
I									
L									
ŀ									
-									
-									
H									
r									
-			L					ĺ	

	erating Companies lection Form				FCC Form 481.  OMB Control No. 3060-0985/OMB Control No. 3060-0919 July 2013.
<010>	Study Area Code		522437		
<015>	Study Area Name		PIONEER TEL CO		
<020>	Program Year		2014		
<030>	Contact Name - Person	USAC should contact regarding this data	Dallas Filan		
<035>		ber - Number of person identified in data line <0			
<039>	Contact Email Address -	Email Address of person identified in data line <0	30> dfilan@pionne	t.com	
<810>	Reporting Carrier	Pioneer Telephone Company			
<811>	Holding Company	Pioneer Telephone Holding Company, Inc.			
<812>	Operating Company	Pioneer Telephone Company			
<813>		<al></al>		Ka2>	G3>
		Affiliates		SAC	Doing Business As Company or Brand Designation
=			**************************************		
_					
-			See a	ttached work:	heet
-					
-					
-					
-			·····	ļ	
-				<u> </u>	
_		***************************************			
_		<u> </u>			The state of the s
_					
_				7	The state of the s
					The state of the s
_	· · · · · · · · · · · · · · · · · · ·				
_					
_		***************************************			
-	····· · · · · · · · · · · · · · · · ·				
-		***			
-	······································				
_					

<010>			July 2013
<015>	Study Area Code	522437	
	Study Area Name	PIONEER TEL CO	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Dallas Filan	
<035>	Contact Telephone Number - Number of person identified in data line	<030> 509-549-3511	
<039>	Contact Email Address - Email Address of person identified in data line	e <030> dfilan@pionnet.com	
<910>	Tribal Land(s) on which ETC Serves		
<920>	Tribal Government Engagement Obligation	Name of Attached Document (,p	ndf)
	If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:		
<921> <922>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions; Feasibility and sustainability planning;	Select (Yes,No, NA)	
<923>	Marketing services in a culturally sensitive manner;		
<924>	Compliance with Rights of way processes		
	Compliance with Land Use permitting requirements	<b>———</b>	
	Compliance with Facilities Siting rules		
	Compliance with Environmental Review processes		
	Compliance with Environmental Review processes  Compliance with Cultural Preservation review processes		
	Compliance with Tribal Business and Licensing requirements.		

	o Terrestrial Backhaul Reporting lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-09 July 2013	319
<010>	Study Area Code	522437	
<015>	Study Area Name	PIONEER TEL CO	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Dallas Filan	P
<035>	Contact Telephone Number - Number of person identified in data line <030>	509-549-3511	
<039>	Contact Email Address - Email Address of person identified in data line <030>	dfilan@pionnet.com	· · · · · · · · · · · · · · · · · · ·
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)		-
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)		

	erms and Condition for Lifeline Customers				FCC Form 481	
Lifeline	Institut Cours				OMB Control No. 3	8060-0986/OMB Control No. 3060-0819
Data COI	lection Form				July 2013	1000
<010>	Study Area Code	5	22437			
<015>	Study Area Name	P	IONEER TEL CO			
<020>	Program Year	2	014			
<030>	Contact Name - Person USAC should contact regarding this data	· / !!!	Dallas Filan			
<035>	Contact Telephone Number - Number of person identified in data li	ne <030>	509-549-3511			
<039>	Contact Email Address - Email Address of person identified in data !	ine <030>	dfilan@pionnet.c	com		
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	52	2437wa1200			
	, and a second s	Na	me of attached do	ocument (.pdf)		
<1220>	Link to Public Website	нттр				
	"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:					
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	1				
<1222>	Details on the number of minutes provided as part of the plan,	<b>_</b>				·
<1223>	Additional charges for toll calls, and rates for each such plan.					

### Affidavit of Publication

The undersigned, on oath states that he is an authorized representative of the Whitman County Gazette, a weekly newspaper, which newspaper is a legal newspaper of general circulation and it is now and has been for more than six months prior to the date of publication hereinafter referred to, published in the English language continuously as a weekly newspaper in Colfax, Whitman County, Washington, and it is now and during all of said time was printed in an office maintained at the aforesaid place of publication of this newspaper. The Whitman County Gazette was on the 13th day of May, 1941, approved as a legal newspaper by the Superior Court of Whitman County.

The notice in the exact form annexed, was published in regular issues of the Whitman County Gazette, which was regularly distributed to its subscribers during the below stated period. The annexed notice, a

### PIONEER TELEPHONE CO. NOTICE REGARDING RATES

was published on

**DECEMBER 13, 2012** 

The amount of the fee charged for the foregoing publication is \$ 38.50

Subscribed and sworn to before me

Notary Public for the Sign of Washington, residing in College Lange #

**Notary Public** State of Washington B KAY RIEBOLD COMMISSION EXPIRES

December 19, 2015

PIONEER TELEPHONE COMPANY PO. Box 207 215 S Main : LaCrosse, WA 99143 509-549-3511

509-549-3511
Our Company participates in the Federal Life Line – Link up programs for Local Telephone Services:
LIFE LINE LINK UP &WTAP
LIFELINE THATE IS AVAILABLE TO QUALIFYING low-incorneronsymess Life Line is available for ONE telephone line per eligible household. A nousehold is overyone flockuling condens & geople who are not related to your borne and

to you ) who lives in your home and stares income and household

Lifeline Residential rate \$8.00 (plus any applicable taxes. You will have to pay the full monthly charge for spe-cial teatures.) This refer reflects discounts made avail-

able through the Federal Lifetine Program and the Washington Telephone Assistance Program. eddition

to freese discounts off the monthly recurring rate for basic service, the tecturing rate for basic service, the tecturing rate for program, together with the Weshington Telephone Assistance Program, offers, a similar

discount of the non-recurring installe-

tion charge for basic residential service. To enroll in the Washington Telephone Assistance Program, contact your local Department of Social and Health Services (DEHS) office to confirm your eligibility with DSHS, Your benefits begin on the date your eligibility is ver-ited with WTAP. The billing name subscriber of record, must match the is because of record must match the name of the person who qualifies the

household for the program. WTAP 1-888-700-8880(voice) www.lcc.gov/cgb

1-888-Tell-FCC

Affidavit of Publication

Pioneer Telephone Company has been the local telephone company serving the LaCrosse, Endicott, Winona, Hay, Hooper, Central Ferry, Riperia and Dusty areas since approximately 1961. During the intervening years, we have worked hard to build a telephone system that would provide high quality telecommunications service to the communities we serve. We have done this, not withstanding the higher costs of service rural areas in the State of Washington and when tell, if any other telephone companies were interested in serving our communities.

We have served and intend to continue to serve both residential and business customers in our service area with high quality telecommunications services at attractive and affordable rates.

In addition to our basic telephone services, we offer throughout our service area advanced telecommunications services, including Internet access, high speed data services special calling features and voice mail:

The basic services offered by the Piorieer Telephone Company are comprised of several components. At a minimum, these

Service Offered

Single party, volce grade access to the public.
Switched network, including an unlimited amount.
Of local usage (basic grade of service)

Dual tone multi-frequency signaling or its Functional equivalent (i.e. tone dialing)

Access to emergency 911 services

Access to operator services

Access to interexchange (long distance) services

Access to directory assistance

Toll limitation services for qualifying low-income Customers\*

Monthly Charge\*

**Business** Residence

\$14.50\*\*

No additional charge

There is no additional charge by Ploneer Telephone Company to end user customers for the ability to access emergency 911 services."

There is no additional charge by Pioneer Telephone Company to end user customers for the ability to call the operator. However, the call may involve a charge depending on the service requested and the rates of the company whose operator handles the call:

There is no additional charge by Pioneer Telephone Company to end user customers for the ability to place and receive calls through long dis-tance networks of interexchange carriers that offer service through out network. However, the call-may involve a charge from the interexchange (long distance) carrier depending on the type of call-

There is no additional charge by Ploneer Telephone Company to end user customers for the ability to call Directory assistance. However, the call may involve a Directory Assistance charge the amount of which depends on the area called and the rates of the company whose operator is accessed

There is no additional charge by Ploneer
Telephone Company to qualifying low-income con-sumers for full blocking service. Qualifying low-income customers are generally those participat-ing in the Lifetine Link-up Program.\*\*\*

The charges set forth are subject to change, and in some instances are subject to change without notice. Certain Non-recurring charges may also apply to installation or change of service.
"Applicable Federal, State, County and municipal taxes and surcharges, including a federally-mandated end user sur-

Appreciate Petersa, Gare, County and manager executive successions of a recurrency of natural and uses concerning the recurrency of a uses amounts. "Discounts off this rate are available to qualifying low-income consumers. "Lifetine" Linkup rate information can be found by calling your local Department of Social and Health services office to confirm your eligibility with DSHS. WTAP 1-888-700-8880 (voice) www.foc.gov/opb """State and County taxes apply per line to fund the provisions of the capability.

These services are available to all qualifying subscribers of Pioneer Telephone Company. The Charges for these services are reflected each month on our normal telephone bill, and may be accompanied by charges for other services provided by Pioneer Telephone Company. The services listed above are those that Pioneer Telephone Company offers and must advertise in order to be eligible for federal supports funds that are used to help offset the high cost of serving rural areas and bringing affordable telephone service to residents and businesses in rural areas. Other services are available by contacting Pioneer Telephone Company's business office at (509) 549-3511.

The unders representat newspaper general cir six months referred to as a week! Washingto printed in publication Gazette w. legal news

The notice regular iss regularly a stated pen

was public

The amou is \$ 178.5

Subscribe

Notary Public 6

Affidavit of Publication

7-1-1 DIALING — Now it is easier than ever to communicate with friends, family and business associates who are deaf, hard of hearing or speech disabled and use a TTV device. Just dial 7-1-1 on your regular phone\*. You will be connected to a communications assistant, who will relay the conversation in the strictest confidentiality, to the phone number you specify. The communications assistant uses a TTY and has been trained to help conversations flow accurately and with ease.

7-1-1 is available 24 hours a day, 7 days a week.

\*No additional charge for 7-1-1.

WASHINGTON STATE TELECOMMUNICATIONS RELAY SERVICE is a service that links deaf and hard of hearing people via the telephone.

1.arg.agg.agg.

TTY 1-800-833-6388 Voice 1-800-833-6388

TTY LEGISLATION — Under Washington State Law, deal and hearing impaired persons who are determined by the state to be eligible can obtain special tele-type writer equipment allowing telephone calls to be sent or received by those with hearing disabilities. Because these special services are to be provided at a consumer cost no greater than that paid by other consumers, this program is funded through a monthly surcharge on all telephone customers in the state.

Eligibility for these services will be determined by the Washington State Department of Social and Health Services. Interested persons should write to:

Telecommunications Access Service 14th & Jefferson, PO Box 45301, Olympia, WA 98504+5301 or call the office at 360-902-8001

WASHINGTON TELEPHONE ASSISTANCE PROGRAM (WTAP) is available to adult Recipients of any of the following Department of Social & Health Service Programs:

- Temporary Aid for Needy Families
   General Assistance
- · Medical Assistance · Supplemental Security Income with State Medical
- · Food Assistance · Community Options Program
- DSHS Chore Services

OR

Consumer has an income that is at or below 135% of the Federal Poverty Guidelines.

- The WTAP program provides:
  A Discount on Connection Fees
  - ·A Walver of Deposit for Local Service
  - -A Discount on Local Monthly Service

#### LIFE LINELLINK UP AWTAP

LIFELINE RATE IS AVAILABLE TO QUALIFYING low-income consumers. Life Line is available for ONE telephone line per eligible household. A household is everyone (including children & people who are not related to you!) who lives in your home and shares income and household expenses. Eligible low income consumers may receive ONE Lifeline discount on either a wireline or a wireless service, but may NOT receive a Lifeline discount on both. All consumers must provide eligibility to enroll and subscribers must re-certify their eligibility each year. Lifeline Residential rate \$8.00 (plus any applicable taxes. You will have to pay the full monthly charge for special features.) This rate reflects discounts made available through the Federal Lifeline Program and the Washington Telephone Assistance Program. In addition to these discounts off the monthly recurring rate for basic service, the federal Link-Up program, together with the Washington Telephone Assistance Program, offers a limited discount off the non-recurring installation charge for basic residential service. To annot in the Washington Telephone Assistance Program, contact your local Department of Social and Health Services (DSHS) office to confirm your eligibility with DSHS. Your benefits begin on the date your eligibility is verified with WTAP. The billing name (subscriber of record) must match the name of the person who qualifies the household for the program.

WTAP 1-888-700-8880(voice) www.lcc.gov/cqb

CONSUMER INFORMATION

# PIONEER TELEPHONE COMPANY 522437

Line 1222 Details on the number of minutes provided as part of the plan.

The Company only provides it's lifeline customers a flat rate local service. There is no measured local service provided, so the number of minutes provided it not necessary.

Line 1223 Additional charges for toll calls, and rates for each such plan.

The Company does not provide toll services to it's lifeline customers but does provide access to toll service providers. The lifeline customer has to choose it's own toll service provider, so no additional charges are noted or required by the Company.

(2000) Pr	ice Cap Carrier Additional Documentation		FCC Form 481
Data Coll	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013
<010>	Study Area Code 52:	2437	
<015>		ONEBR TEL CO	
<020>	Program Year 201		
<030>	<del></del>	las Filan	
<035>	Contact Telephone Number - Number of person identified in data line <030>	509-549-3511	
<039>	Contact Email Address - Email Address of person identified in data line <030>	dfilan@pionnet.com	
CHECK ti	he boxes below to note compliance as a recipient of incremental Connect Ameri support as set forth in 47 CFR § 54.313(b),(c),(d),(e)	ca Phase I support, frozen High Cost support, High Cost support to offset a ) the information reported on this form and in the documents attached be	
	Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))		
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}		
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification		
<2013>	2014 Frozen Support Certification		
<2014>	2015 Frozen Support Certification		
<2015>	2016 and future Frozen Support Certification		
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}		
<2016>	Certification Support Used to Build Broadband		
	Connect America Phase II Reporting {47 CFR § 54.313(e)}		
<2017>	3rd year Broadband Service Certification		
<2018>	5th year Broadband Service Certification		
<2019>	Interim Progress Certification		
<2020>	Please check the box to confirm that the attached PDF, on line 2021,		
	contains the required information pursuant to § 54.313 (e)(3)(ii), as a re	cipient	
	of CAF Phase II support shall provide the number, names, and addresses	of	
	community anchor institutions to which began providing access to broa-	dband	
	service in the preceding calendar year.		
<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information	

	(3000) R	ets Of Return Cerrier Additional Documentation		PCC Form 481
### Study Area Code   \$324.17   ### Study Area Name   PROWERS PEC CO   ### CONTROL Name - Person USAC chould contact reparding this data   \$0.11.68   F11.00   ### CONTROL Name - Person USAC chould contact reparding this data   \$0.11.68   F11.00   ### CONTROL Name - Person USAC chould contact reparding this data   \$0.11.68   F11.00   ### CONTROL Name - Person USAC chould contact reparding this data   \$0.11.68   F11.00   ### CONTROL Name - Person USAC chould contact reparding this data   \$0.11.68   F11.00   ### CONTROL Name - Person USAC chould contact reparding in data law (2005	Date Col	laction Form		OMB Control No. 5060-0986/OMB Control No. 3060-0819
2012   Program For   2014				July 2013
2012   Program For   2014		522437		
Poggam Year  Program Year  Ostact Tend Address - Annual Promot USAC should contact regarding this data  Dallas Filan  Ostact Tend Address - Cambill Address of person identifies in data ins-colors  Ostact Tend Address - Cambill Address of person identifies in data ins-colors  Ostact Tend Address - Cambill Address of person identifies in data ins-colors  Program Report on Stee Plan  Program Report on Stee Plan  Program Report on Stee Plan  Ostact For Statistics (Program Stee Plan  Program Report on Stee Plan  Ostact English Address - Cambill Address - Cambill Address of person in development on the form and in the decuments attached below in accurate.  Name of Attached Document Listing Required Information  Name of Attached Document Listing Required Information  Ostactar the required information pursuant to \$4.3131(f)(180), a a recipient of OSP Plane Stapport has provided to ASS 313(f)(180), a a recipient of OSP Plane Stapport has provided to ASS 313(f)(180), a a recipient of OSP Plane Stapport has provided to ASS 313(f)(180), a a recipient of OSP Plane Stapport has provided to ASS 313(f)(180), a a recipient of OSP Plane Stapport has provided to ASS 313(f)(180), a a recipient of OSP Plane Stapport has provided to ASS 313(f)(180), a a recipient of OSP Plane Stapport on Statement and Statement of Cash Flows  Section of the seasons will be a secure of Cash Flows  Ostact State Plane Statement and Statement of Cash Flows  Post of the response is you no line 3016, states that the horse blows to company a Printeely Held Report for Tendermunications of Plane Statement and Statement of Statement of Cash Flows  Post of Balance Sheet, Income Statement and Statement of Cash Flows  Post of Balance Sheet, Income Statement and Statement of Cash Flows  Post of Balance Sheet, Income Statement and Statement of Cash Flows  Post of Balance Sheet, Income Statement and Statement of Cash Flows  Post of Balance Sheet, Income Statement and Statement of		Study Alea Code	TRI. CO	
Contact Templane Number - Number of service specified in data line -CORD   S02 - 549 - 3911   CORTACT Contact Email Address of person identified in data line -CORD   SEA - 3911   CORTACT Contact Email Address of person identified in data line -CORD   SEA - 3911   CORTACT Contact Email Address of person identified in data line -CORD   SEA - 3911   CORTACT CONTACT C			100	
CRECK the boxes below to note compliance on his flav year service quality plan (pursuent to 47 CFR § 54.332(12)) and, for privately held carriers, assuring compliance with the flavorable properties of the flavorable pro				
CMECK the boxes below to note compliance on its file year sarvice quality plan (pursuant to 47 CFR § 54.322(0)) and, for privately held carriers, securing compliance with the financial reporting requirements set for CFR § 54.3318(7(1)(1)) Intribute carefly that the information reported on this form and in the documents attached below is accurate.  Progress Report on 5 Year Plan  Milectone Certification (47 CFR § 54.318(7(1)(1))  Milectone Certification (47 CFR § 54.318(7(1)(1))  Contains the required information pursuant to 5 \$4.318(7(1)(1))  contains the required information pursuant to 5 \$4.318(7(1)(1)(1))  (South of the required information pursuant to 5 \$4.318(7(1)(1)(1)(1))  (South of the Community achorise institutions to which began providing access to Drosobinal service in the preceding calendar year.  (South of the required information pursuant to 5 \$4.318(7(2)) contains the report and all required documentation  (The response is very on line 3014, place check the boxes below to confirm your submission, on line 3016, place check the boxes below to confirm your submission, on line 3016, place check the boxes below to confirm your submission, on line 3018, place check the boxes below to confirm your submission, on line 3018, place check the boxes below to confirm your submission, on line 3018, place check the company's flancial audit.  (But the response is no on line 3018, place check the boxes below to confirm your submission, on line 3018, place check the company's flancial audit.  (But the response is no on line 3018, place check the boxes below to confirm your submission, on line 3				
Progress Report on 3 Year Plan    Progress Report on 5 Year Plan	<039>	Contact Email Address - Email Address of person identified in data line <030>	dfilan@pionnet.com	
Progress Report on 3 Year Plan    Progress Report on 5 Year Plan	040			
Milestone Certification (47 CFR § 54.313(f(1)(ii))   Name of Attached Document Listing Required Information   Please check this box to confirm that the attached PDF, on line 3012, recipient of CAP Phase it support shall provide the number, names, and addresses of community another institutions to \$5.43.31(f(1)(iii))   State of CAP Phase it support shall provide the number, names, and addresses of community another institutions (47 CFR § 54.313(f(1)(iii))   State of Community Anchor Institutions (47 CFR § 54.313(f(1)(iii))   State of Community Anchor Institutions (47 CFR § 54.313(f(1)(iii))   They, does your company a Privaterly Held ROR Carrier (47 CFR § 54.313(f(1)(iii))   They, does your company a Privaterly Held ROR Carrier (47 CFR § 54.313(f(1)(iii))   They, does your company flat the RUS annual report requires:    Please check thee boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f(1)(iii))   They contains the required information pursuant to § 54.313(f(1)(iii))   They contains the required information pursuant to § 54.313(f(1)(iiii))   They contains the required information pursuant to § 54.313(f(1)(iiiii))   They contains the required information pursuant to § 54.313(f(1)(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	CHECK	he boxes below to note compliance on its five year service quality plan (pursu: CFR § 54.313(7)(2). I further certify that	ant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring on the information reported on this form and in the documents attached	compliance with the financial reporting requirements set forth in 47 ed below is accurate.
Contains the required information pursuant to § 54.313 ([Y,1])(I), a a recipient of CAF Phase II support shall provide the number, name, and addresses of community anchor institutions to which began providing access to broadband service in the preceding celedrady rear.    Community Anchor Institutions (47 CFR § 54.313 ([Y,1])(II))		Progress Report on 5 Year Plan		
addresses of community anchor institutions with Cheap providing access to broadband service in the preceding calendar year.  Community Anchor Institutions (AT CFR § 54.313(NLI))  (If yes, does your company a Private Held ROR Carrier (47 CFR § 54.313(NLI))  (If yes, does your company life the RUS annual report Please check these boses to confirm that the stached PDF, on line 3017, contains the required information pursuant to § 54.313(NLI) compliance requires:  (Bettronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)  (3016)  (3017)  (3017)  (3018)  (3018)  (3019)  (301	(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF , on line 3012,	Name of Attached Document Listing Required Information	
Syour company a Privately Held ROR Carrier (47 CR § 54.3.13(f)(2))   If yes, does your company file the RUS annual report   Please check these boxes to confirm that the attached PDF, on line 3017,   contains the required information pursuant to § 54.3.13(f)(2) compliance   required:   contains the required information pursuant to § 54.3.13(f)(2) compliance   required:   contains the required information pursuant to § 54.3.13(f)(2) compliance   required:   contains the required information pursuant to § 54.3.13(f)(2) compliance   required:   contains the required information pursuant to § 54.3.13(f)(2) compliance   required:   contains the response is the sound in a 3014, is your company's RUS annual   response is yes on line 3014, is your company sudited?   (If yes/No)   (If yes/No)   (If yes/No)   (If yes/No)   (If yes/No)   (If the response is yes on line 3014, is your company sudited?   (If yes/No)   (If yes/No)   (If yes/No)   (If yes/No)   (If the response is yes on line 3014, is your company sudited?   (If yes/No)   (If the response is yes on line 3014, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.3.13(f)(2), contains   (If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.3.13(f)(2), contains   (If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.3.13(f)(2), contains   (If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.3.13(f)(2), contains   (If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.3.13(f)(2), contains   (If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.3.13(f)(2), contains   (If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54	(3011)	recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing		
Telecommunications Borrowers)  PDF of Balance Sheet, Income Statement and Statement of Cash Flows  If the response is yes on line 3014, stour company's RUS annual report and all required documentation  (3018) If the response is yes on line 3014, is your company sudited?  If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:    Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications    PDF of Balance Sheet, Income Statement and Statement of Cash Flows    Management letter issued by the independent certified public accountant that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:    Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications   Borrowers,   Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications   Borrowers,   Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications   Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications   Copy of their financial statement and Statement of Cash Flows   Copy of their financial statement and Statement of Cash Flows   Copy of their financial statement and Statement of Cash Flows   Copy of their financial statement and Statement of Cash Flows   Copy of their	(3013)	Is your company a Privately Held ROR Carrier [47 CFR § 54.313(f)(2)] If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance	Name of Attached Document Listing Required Information	
If the response is yes on line 3014, attach your company's RIJS annual report and all required documentation   If the response is no on line 3014, by our company audited?   If the response is very on line 3018, please check the boxe below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	(3015)	Electronic copy of their annual RUS reports (Operating Report for		
Source   S	(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains  [3019] Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications  PPF of Balances Sheet, income Statement and Statement of Cash Flows  [3021] Management letter issued by the independent certified public accountant that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:  Copy of their financial statement which has been subject to review by an independent certified public accountant or 0; a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowen,  [3022] Underlying information subjected to a review by an independent certified public accountant or 1; and the public accountant or 2; a financial statement of Cash Flows		report and all required documentation	Name of Attached Document Listing Required Information	(Yes/No)
in a format comparable to RUS Operating Report for Telecommunications  PDF of Balance Sheet, income Statement and Statement of Cash Flows  Management letter issued by the independent certified public accountant that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(ft/2), contains:  Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowen,  Underlying information subjected to a review by an independent certified public accountant (accountant to a financial statement of Cash Flows				
that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:  Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications  Borrowerin, formation subjected to a review by an independent certified public accountant; or 2) a financial report in a formation subjected to a review by an independent certified public accountant; or 2) a financial report in a formation subjected to a nefficer certification.		in a format comparable to RUS Operating Report for Telecommunications		
to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,  Juderlying information subjected to a review by an independent certified public accountant  Juderlying information subjected to an officer certification.  Juderlying information subjected to an officer certification.	(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		
Format comparable to RUS Operating Report for Telecommunications Borrowen,  Underlying information subjected to a review by an independent certified public accountant  Underlying information subjected to an officer certification.		to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an		
public accountant (3024) Underlying Information subjected to an officer certification. (3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows	(3022)	format comparable to RUS Operating Report for Telecommunications Borrowers,		
(3024) Underlying information subjected to an officer certification.  (3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows	(3023)			7
(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows	(3024)			
				<del>                                      </del>
			Name of Attached Document Listing Required Information	522437wa3026

(3000a	Operating Report for Privately-Held Rate of Return Carriers		1	FCC Fo	rm 481		1
	e Sheet - Data Collection Form				ontrol No. 3060-0986	_	
Page 1				July 20			<del> </del>
			-	,	T		-
<010>	Study Area Code			<010>	572		
<015>	Study Area Name			<015>	PIONEER TELEPHONE COMPANY		
	Program Year			<020>		14	
<030>		a .		<030>	Dellas Filan	**	
<035>	Contact Telephone Number - Number of person identified in da	ta line <030>			509-549-3511		
<039>	Contact Telephone Email Address - Email Address of person ide	ntified in data lin	e <030>		dflan@pionnet.com		
	Files as reviewed single company		ſ	T	Filed as audited single company		
			-				
	Filed as reviewed consolidated company				Filed as audited consolidated company	+	<del>                                     </del>
	Filed as subsidiary of reviewed consolidated	l company			Filed as subsidiary of audited consolidated compar	y	
			CERTIFI				
We her	eby certify that the entries in this report are in accordance with t	he accounts and	other records of ti	he syste	m and reflect the status of the system to the best of our know	edge and belief.	
						1	T
	Calles Flian, General Manager		10/1/2013				
	Signature		Date			<u> </u>	
			PART A. BAI	ANCE S	HEET		
	· · · · · · · · · · · · · · · · · · ·	BALANCE	BALANCE END			BALANCE	BALANCE END
L	ASSETS	PRIOR YEAR	OF PERIOD		LIABILTIES AND STOCKHOLDERS' EQUITY	PRIOR YEAR	OF PERIOD
CURRE	NT ASSETS			CURRE	NT LIABILITIES		
1.	Cash and Equivalents	1511465	1622287	25.	Accounts Payable	284696	85914
2.	Cash-RUS Construction Fund	3960		26.	Notes Payable		
3.	Affiliates:			27.	Advance Billings and Payments		
	a. Telecom, Accounts Receivable				Customer Deposits	885	370
	b. Other Accounts Receivable				Current Mat. L/T Debt	398400	
	c. Notes Receivable			30.	Current Mat. L/T Debt-Rur. Dev.		
4.	Non-Affiliates:			31.	Current MatCapital Leases		
	a. Telecom, Accounts Receivable	1,2484	28831	32.	Income Taxes Accrued		76454
	b. Other Accounts Receivable	132671		. 33.	Other Taxes Accrued	71198	69670
	c. Notes Receivable			34.	Other Current Liabilities	25209	89616
5.	Interest and Dividends Receivable			35.	Total Current Liabilities (25 thru 34)	780388	322024
6.	Material-Regulated	71253	59103	LONG-	TERM DEBT		
7.	Material-Nonregulated	9845	4599	36.	Funded Debt-RUS Notes	4873571	
8.	Prepayments		19100	37.	Funded Debt-RTB Notes	859711	
9.	Other Current Assets	2063807	1851195	38.	Funded Debt-FFB Notes		
10.	Total Current Assets (1 Thru 9)	3805485	3585115	39.	Funded Debt-Other		
				40.	Funded Debt-Rural Develop. Loan		
NONC	JRRENT ASSETS			41.	Premium (Discount) on L/T Debt		
11.	Investment in Affiliated Companies			42.	Reacquired Debt		1.0
	a. Rural Development	3281390		43.	Obligations Under Capital Lease		
ļ	b. Nonrural Development				Adv. From Affiliated Companies		1743575
12.	Other Investments			45.	Other Long-Term Debt		
	a. Rurai Development				Total Long-Term Debt (36 thru 45)	5233282	1743575
Ь	b. Nonrural Development				LIAB. & DEF. CREDITS		
13.	Nonregulated Investments	43142	96292		Other Long-Term Liabilities		
14.	Other Noncurrent Assets	1406			Other Deferred Credits	442792	445509
	Deferred Charges				Other Jurisdictional Differences		
16.	Jurisdictional Differences				Total Other Liabilities and Deferred Credits (47 thru 49)	442792	445503
17.	Total Noncurrent Assets (11 thru 16)	3325938	36292	EQUIT			
					Cap. Stock Outstanding & Subscribed	56052	56052
	PROPERTY, AND EQUIPMENT				Additional Paid-in-Capital		
	Telecom, Plant-in-Service	13185325	12064629		Treasury Stock		
	Property Held for Future Use				Membership and Cap. Certificates		
	Plant Under Construction	209115	3744		Other Capital		
	Plant Adj., Nonop. Plant & Goodwill				Patronage Capital Credits		-
22.	Less Accumulated Depreciation	-8016828	-6996844		Retained Earnings or Margins	9996921	6125782
23.	Net Plant (18 thru 21 less 22)	5377612	5071529	58.	Total Equity (51 thru 57)	6052573	6181834
l	TOTAL ASSETS (10+17+23)						
24.		12509035	8692936	59.	TOTAL LIABILITIES AND EQUITY (35+46+50+58)	12509035	8692936

# (3000b) Operating Report for Privately-Held Rate of Return Carriers Balance Sheet - Data Collection Form Page 2 of 3

<010> Study Area Code
 <015> Study Area Name
 <020> Program Year
 <030> Contact Name - Person USAC should contact regarding this data
 <035> Contact Telephone Number - Number of person identified in data line <030>
 <039> Contact Telephone Email Address - Email Address of person identified in data line <030>

FCC Form 481 OMB Control No. 3060-0986 July 2013

PART B. STATEMENTS OF INCOME AND RETAINED EARI ITEM			
Local Network Services Revenues	PRIOR YEAR	THIS YEAR	
2. Network Access Services Revenues	97376	1054	
3. Long Distance Network Services Revenues	1544571	13629	
4. Carrier Billing and Collection Revenues			
5. Miscellaneous Revenues	57027	178	
6. Uncollectible Revenues	11320	87	
7. Net Operating Revenues (1 thru 5 less 6)	1622	7	
	1668672	14942	
	287506	3463	
The state of the s	25869	171	
	677980	5043	
	201	14	
12. Customer Operations Expense	84270	799	
13. Corporate Operations Expense	317666	3371	
14. Total Operating Expenses (8 thru 13)	1393492	12862	
15. Operating Income or Margins (7 less 14)	275180	2079	
16. Other Operating Income and Expenses			
17. State and Local Taxes	81676	757	
18. Federal Income Taxes	-49518	-275	
19. Other Taxes		27.5	
20. Total Operating Taxes (17+18+19)	38158	482	
21. Net Operating Income or Margins (15+16-20)	237022	1597	
22. Interest on Funded Debt	275189	25851	
23. Interest Expense - Capital Leases			
24. Other Interest Expense			
25. Allowance for Funds Used During Construction			
26. Total Fixed Charges (22+23+24-25)	275506	2586-	
27. Nonoperating Net Income	-15164	1123	
28. Extraordinary Items			
29. Jurisdictional Differences			
30. Nonregulated Net Income	10952	114	
31. Total Net Income or margins (21+27+28+29+30-26)	-42696	249	
32. Total Taxes Based on Income	-15762	2-75.	
33. Retained Earnings or Margins Beginning-of-Year	5015827	5996S	
34. Miscellaneous Credits Year-to-Date	123390	1043	
35. Dividends Declared (Common)			
36. Dividends Declared (Preferred)			
37. Other Debits Year-to-Date			
38. Transfers to Patronage Capital			
39. Retained Earnings or Margins end-of-Period [(31+33+34)-(35+36+37+38)]	5996521		
40. Patronage Capital Beginning-of-Year	3490221	61257	
41. Transfers to Patronage Capital			
42. Patronage Capital Credits Retired			
43. Patronage Capital End-of-Year (40+41-42)			
44. Annual Debt Service Payments	0		
		56902	
	107638	1183	
	243879	2275	
	1		
48. DSCR [(31+26+10+11)/44]	20704	1793	

# (3000c) Operating Report for Privately-Held Rate of Return Carriers Balance Sheet - Data Collection Form Page 3 of 3

<010> Study Area Code <015> Study Area Name

020> Program Year
 030> Contact Name - Person USAC should contact regarding this data
 035> Contact Telephone Number - Number of person identified in data line <030>
 039> Contact Telephone Email Address - Email Address of person identified in data line <030>

FCC Form 481 OMB Control No. 3060-0986

July 2013

 <010>
 522437

 <015>
 PIONEER TELEPHONE COMPANY

 <020>
 2014

 <030>
 Dalias Filan

 <035>
 509-549-3511

 <030>
 dfilan@plonnet.com

PART C. STATEMENTS OF CASH FLOWS	
1. Beginning Cash (Cash and Equivalents plus RUS Construction Fund)	151542
CASH FLOWS FROM OPERATING ACTIVITIES	
2. Net Income	2493
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities	
3. Add: Depreciation	51117
4. Add: Amortization	140
5. Other (Explain) Equity in partnership, gain on investments, deferred FIT benefits	-15261
Changes in Operating Assets and Liabilities	
6. Decrease/(Increase) in Accounts Receivable	11632
7. Decrease/(Increase) in Materials and Inventory	1739
8. Decrease/(Increase) in Prepayments and Deferred Charges	-1910
9. Decrease/(Increase) in Other Current Assets	
10. Increase/(Decrease) in Accounts Payable	958
11. Increase/(Decrease) in Advance Billings & Payments	
12. Increase/(Decrease) in Other Current Liabilities	13957
13. Net Cash Provided/(Used) by Operations	64866
CASH FLOWS FROM FINANCING ACTIVITIES	
14. Decrease/(Increase) in Notes Receivable	
15. Increase/(Decrease) in Notes Payable	
16. Increase/(Decrease) in Customer Deposits	14
17. Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)	-563168
18. Increase/(Decrease) in Other Liabilities & Deferred Credits	
19. Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital	F65 - 3
20. Less: Payment of Dividends	
21. Less: Patronage Capital Credits Retired	
22. Other (Explain)	
23. Net Cash Provided/(Used) by Financing Activities	-563168
CASH FLOWS FROM INVESTING ACTIVITIES	
24. Net Capital Expenditures (Property, Plant & Equipment)	-40736
25. Other Long-Term Investments	0.4
26. Other Noncurrent Assets & Jurisdictional Differences	
27. Other (Explain) Purchases & proceeds investments, advances affiliated, cash release	550119
28. Net Cash Provided/(Used) by Investing Activities	509383
29. Net Increase/(Decrease) in Cash	11082
30. Ending Cash	162624

	tion - Reporting Carr lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	522437		
<015>	Study Area Name	PIONEER TEL CO	THE THE PERSON NAMED IN TH	
<020>	Program Year	2014		
<030>	Contact Name - Pers	on USAC should contact regarding this data Dallas Filan		
<035>	Contact Telephone N	lumber - Number of person identified in data line <030> 509-549-3511		
<039>	Contact Email Addre	ss - Email Address of person identified in data line < 030> dfilan@pionnet.com	1	

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

I certify that I am an officer of the reportin recipients; and, to the best of my knowled	g carrier; my responsibilities include ge, the information reported on this	ensuring the accuracy of the annual reform and in any attachments is accura	eporting requirements for universal service support ate.
Name of Reporting Carrier: Pion	eex Telephone &	zemowy	
Signature of Authorized Officer:	dienel	1 xx	Date 9/30/2013
Printed name of Authorized Officer:	Durand A. Cox	7	
Title or position of Authorized Officer:	President		
Telephone number of Authorized Officer:	509-549-3511		
Study Area Code of Reporting Carrier:	522437	Filing Due Date for this form:	10/15/2013
Persons willfully making false statemen	nts on this form can be punished by fine c under Title 18 of t	or forfeiture under the Communications Ac the United States Code, 18 U.S.C. § 1001.	et of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

1	tion - Agent / Carrier lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	522437	
<015>	Study Area Name	PIONEER TEL CO	
<020>	Program Year	2014	
<030>	Contact Name - Person US	AC should contact regarding this data Dallas Filan	
<035>	Contact Telephone Number	er - Number of person identified in data line <030> 509-549-3511	
<039>	Contact Email Address - Er	mail Address of person identified in data line <030> dfilan@pionnet.com	

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) <a href="mailto:lenifer">lenifer</a> . Wasnock also certify that I am an officer of the reporting carrier; my responsibilitie agent; and, to the best of my knowledge, the reports and data provided to	is authorized to submit the information reported on behalf of the reporting carrier. is include ensuring the accuracy of the annual data reporting requirements provided to the authorized to the authorized agent is accurate.
Name of Authorized Agent: Jenifer Wasnock	V-147-
Name of Reporting Carrier: PIONEER TEL CO	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 09/26/2013
Printed name of Authorized Officer: Durand Cox	
Title or position of Authorized Officer: President	
Telephone number of Authorized Officer: 509 549 3511	
Study Area Code of Reporting Carrier: 522437	Filing Due Date for this form: 10/15/2013

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

· · · · · · · · · · · · · · · · · · ·	NF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.		
ame of Reporting Carrier: PIONEER TEL CO		
ame of Authorized Agent or Employee of Agent: Jenifer Wasnock		
gnature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: 09/26/2013	
inted name of Authorized Agent or Employee of Agent: Jenifer Wasnock		
tle or position of Authorized Agent or Employee of Agent Consultant		
elephone number of Authorized Agent or Employee of Agent: 253-566-7070		
udy Area Code of Reporting Carrier: 522437 Filing Due Date for this form	m: 10/15/2013	